

OWNER-OCCUPIED HOUSING REHABILITATION PROGRAM

CITY OF SAN ANTONIO
PLANNING AND COMMUNITY DEVELOPMENT DEPARTMENT
1400 SOUTH FLORES
SAN ANTONIO, TEXAS 78204

Program Eligibility Requirements

1. Must have valid picture identification (Texas Driver License or Department of Public Safety Picture Identification card).
2. Must be Owner-Occupied. (No Rental Units)
3. All taxes must be current and paid.
4. Must have Homestead Exemption and, (if applicable) Over 65, and Disabled Exemptions.
5. Must have a Warranty Deed with clear title to the property.
6. If home is mortgaged, balance must not exceed \$8,000.
7. Must have Acceptable Credit (no bankruptcy, judgments) or if no credit history has been established, a 12 month current payment history for utilities will be the standard with no more than one late payment in a year's time.
8. Must have current property insurance or be able to provide it within 30 days prior to assistance.
9. Must be U S Citizen and/or Legal Resident Alien.
10. Property must be within the city limits of San Antonio and property zoned residential.
11. Must not exceed the Program Income Limits (see below):

PROGRAM INCOME LIMITS (6/1/2011)

Family of	1	2	3	4	5	6	7	8
Annual	\$33,544	\$38,336	\$43,128	\$47,920	\$51,754	\$55,587	\$59,421	\$63,254
Monthly	\$2,795	\$3,195	\$3,594	\$3,993	\$4,313	\$4,632	\$4,952	\$5,271

(Income table based on 80% of HUD published median income for San Antonio)

NOTE: All program assistance is provided in the form of a loan secured with a lien on the property

All applications are on a first come, first ready, first served basis. Funding is limited.

Checklist for Owner-Occupied Housing Rehabilitation Program

The following documents **MUST** accompany your application before it can be processed.

- ☐ Current Picture I.D. (Texas Driver's License or Texas Department of Public Safety I.D.)
- ☐ Application for Home Improvement Loan (completed and signed)
- ☐ Consent to Release Information (signed)
- ☐ If employed, Verification of Employment form must be signed and completed by the employer for all occupants in the household (that are employed)
- ☐ Copies of last (3) months pay stubs for all occupants in household who are receiving income
- ☐ If self-employed, provide complete copies of income tax returns for the past two (2) years
- ☐ If receiving social security, retirement benefits, child support or any other public assistance, provide a copy of the award letter from the supportive agency stating the current amount received
- ☐ If you have rental income, a notarized statement of the amount received monthly. Do you pay utilities? What is the location of your rental property? What is the mortgage balance and monthly payment? How much do you pay annually for taxes and insurance?
- ☐ If you are divorced, provide a copy of the divorce decree
- ☐ Copy of paid utility bills (gas, electricity, water) for the last two (2) months
- ☐ Copy of paid receipts for all real estate taxes (County, City and School)
- ☐ Copy of insurance policy on the home
- ☐ Copy of Warranty Deed and a copy of the recorded plat
- ☐ If there is an existing mortgage, provide verification of the outstanding balance

If you are unable to physically submit the application your representative must have a Power of Attorney to act in your behalf

Please call 207-5404 if you need assistance in completing the application. If you wish to speak to someone in person, please feel free to visit our office at 1400 South Flores (between Cevallos and S. Alamo). Office hours are Monday through Friday 7:45 a.m. to 4:30 p.m.

NOTE: A NON-REFUNDABLE FEE OF \$10.00 FOR EACH CREDIT REPORT AND \$55.00 FOR A TITLE SEARCH WILL BE CHARGED.

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

SE HABLA ESPANOL

City of San Antonio
Planning and Community Development Department
OWNER OCCUPIED HOUSING REHABILITATION

FOR OFFICE USE ONLY

Census Tract: _____

SHTA/Area: _____

Precinct: _____

Zoning: _____

Council District: _____

DATE OF APPLICATION _____

REFERRED BY _____

APPLICANT'S NAME		DATE OF BIRTH		SPOUSE		DATE OF BIRTH	
ADDRESS (Number, Street, Zip)				HOME PHONE		NAME & PHONE NO. OF RELATIVE	
MARITAL STATUS (Check One) <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Common-Law				DEPENDENTS No. _____ Ages _____ OTHER INDIVIDUALS IN HOUSEHOLD: No. _____ Ages _____			
NAME AND ADDRESS OF EMPLOYER				NAME AND ADDRESS OF EMPLOYER			
POSITION OR TITLE		NO. OF YEARS		POSITION OR TITLE		NO. OF YEARS	
SOCIAL SECURITY NUMBER		WORK PHONE		SOCIAL SECURITY NUMBER		WORK PHONE	
TOTAL GROSS MONTHLY INCOME				MORTGAGE/HOUSE PAYMENTS			
SOURCE	APPLICANT	SPOUSE	TOTAL	NAME, ADDRESS, AND ZIP CODE OF NOTEHOLDER Date of Purchase _____ Balance of Mortgage \$ _____ Total Monthly Payment \$ _____			
Employment *	\$ _____	\$ _____	\$ _____				
Dividends/Interest	\$ _____	\$ _____	\$ _____				
Rental	\$ _____	\$ _____	\$ _____				
Social Security	\$ _____	\$ _____	\$ _____				
Retirement	\$ _____	\$ _____	\$ _____				
VA, Civil Service	\$ _____	\$ _____	\$ _____				
OTHER **	\$ _____	\$ _____	\$ _____				
TOTAL INCOME	\$ _____	\$ _____	\$ _____				

* If you have been employed in your current position for less than two years, please provide the name and address of your previous employer(s).

** Describe "Other" income and provide the recipient's name, the source of the money, and the monthly amount received.

NOTICE: "OTHER" INCOME: includes alimony, child support, or separate maintenance.

CREDITORS	PAYMENT	BALANCE	ARE PAYMENTS CURRENT?
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CONSENT TO RELEASE INFORMATION

I hereby authorize the release of information from your records to the City of San Antonio Planning & Community Development Department (PCD). This authorization is made in connection with an application that has been made for assistance in repairing my home.

Your prompt reply containing the required information will be appreciated.

Sincerely,

Signature of Applicant

Social Security Number

Signature of Applicant

Social Security Number

Applicant's Home Address

LIST ALL OTHER RESIDENTS AND THEIR INCOMES BELOW

(If more room is needed, please continue on back.)

Name of Resident _____ Age: _____

Relationship to Applicant _____

How long has this person lived with you? _____ If less than 12 months do you anticipate that this person will move within the next year? _____

Resident Social Security number: _____

Monthly Gross Income \$ _____

Employer's Name and Address: _____

Type of Public Assistance: (Social Security, AFDC, CSA, etc.) _____

Name of Resident _____ Age: _____

Relationship to Applicant _____

How long has this person lived with you? _____ If less than 12 months do you anticipate that this person will move within the next year? _____

Resident Social Security number: _____

Monthly Gross Income \$ _____

Employer's Name and Address: _____

Type of Public Assistance: (Social Security, AFDC, CSA, etc.) _____

Name of Resident _____ Age: _____

Relationship to Applicant _____

How long has this person lived with you? _____ If less than 12 months do you anticipate that this person will move within the next year? _____

Resident Social Security number: _____

Monthly Gross Income \$ _____

Employer's Name and Address: _____

Type of Public Assistance: (Social Security, AFDC, CSA, etc.) _____

REQUEST FOR VERIFICATION OF EMPLOYMENT

DATE OF THIS REQUEST _____

APPLICANT'S NAME, ADDRESS, ZIP CODE	EMPLOYER'S NAME, ADDRESS, ZIP CODE							
AUTHORIZATION BY APPLICANT I authorize my employer to furnish the data regarding my employment as requested below. Signature _____ Social Security No. _____ Date _____	NOTE TO EMPLOYER The applicant identified has applied for a home improvement loan. The applicant has authorized PCD to obtain verification from any source named in the application. Your verification of employment is for the confidential use of this Department. Please furnish the data requested and return this form, using the self-addressed envelope provided.							
EMPLOYER'S VERIFICATION								
Position held	Rate of Pay (if employee works less than 40 hours per week, please indicate the average hours worked.)							
Dates of Employment FROM _____ TO _____	Hourly \$ _____	Hrs. Per Week _____	Annual \$ _____					
Probability of continued employment	Additional Compensation (Actual amounts received past 12 months)							
REMARKS	Overtime	\$ _____						
	Commissions	\$ _____						
	Bonus	\$ _____						
	If applicant is in military service, provide income on monthly basis as follows:							
	<table style="width: 100%;"> <tr> <td style="width: 70%;">Base Pay</td> <td style="width: 30%;">\$ _____</td> </tr> <tr> <td>Quarters and Subsistence</td> <td>\$ _____</td> </tr> <tr> <td>Flight/Hazard Duty Pay</td> <td>\$ _____</td> </tr> </table>			Base Pay	\$ _____	Quarters and Subsistence	\$ _____	Flight/Hazard Duty Pay
Base Pay	\$ _____							
Quarters and Subsistence	\$ _____							
Flight/Hazard Duty Pay	\$ _____							
Signature of Employer	RETURN TO: <div style="text-align: center;"> CITY OF SAN ANTONIO PLANNING AND COMMUNITY DEVELOPMENT DEPARTMENT 1400 SOUTH FLORES #2 SAN ANTONIO, TEXAS 78204 </div>							
The above information is furnished in strict confidence, in response to your request.								
Signature _____ Title _____ Date _____								
ATTENTION: Owner Occupied Housing Rehabilitation Program								

REQUEST FOR VERIFICATION OF EMPLOYMENT

DATE OF THIS REQUEST _____

APPLICANT'S NAME, ADDRESS, ZIP CODE	EMPLOYER'S NAME, ADDRESS, ZIP CODE		
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EMPLOYER'S VERIFICATION			
Position held	Rate of Pay (if employee works less than 40 hours per week, please indicate the average hours worked.)		
Dates of Employment FROM _____ TO _____	Hourly \$ _____	Hrs. Per Week _____	Annual \$ _____
Probability of continued employment	Additional Compensation (Actual amounts received past 12 months)		
REMARKS	Overtime	\$ _____	
	Commissions	\$ _____	
	Bonus	\$ _____	
	If applicant is in military service, provide income on monthly basis as follows:		
	Base Pay \$ _____ Quarters and Subsistence \$ _____ Flight/Hazard Duty Pay \$ _____		
Signature of Employer	RETURN TO: CITY OF SAN ANTONIO PLANNING AND COMMUNITY DEVELOPMENT DEPARTMENT 1400 SOUTH FLORES #2 SAN ANTONIO, TEXAS 78204 ATTENTION: Owner Occupied Housing Rehabilitation Program		
The above information is furnished in strict confidence, in response to your request.			
Signature _____ Title _____ Date _____			

REQUEST FOR VERIFICATION OF MORTGAGE

DATE OF THIS REQUEST _____

APPLICANT'S NAME, ADDRESS, ZIP CODE		MORTGAGEE'S NAME, ADDRESS, ZIP CODE ACCOUNT NO. _____	
AUTHORIZATION BY APPLICANT I authorize the mortgagee to furnish the information regarding the mortgage identified above. Signature _____ Date _____		NOTE TO MORTGAGEE/NOTE HOLDER The applicant identified herein has applied for a home improvement loan. The applicant has authorized PCD to obtain verification of the status of existing mortgages on the property from any source named in the application. The requested information in this verification of mortgage is for the confidential use of this Department. Please furnish the information requested, and return in the self-addressed envelope provided.	
MORTGAGE DATA			
<u>Date of Mortgage</u>	Date of Maturity	Type of Mortgage:	
Original Mortgage Amount	Present Balance	<input type="checkbox"/> CONVENTIONAL <input type="checkbox"/> FHA	
\$ _____	\$ _____	<input type="checkbox"/> CONTRACT OF SALE <input type="checkbox"/> VA	
<u>PAYMENTS</u> Principal and Interest \$ _____ Mortgage Insurance Premium \$ _____ Real Estate Taxes \$ _____ Property Insurance \$ _____ TOTAL MONTHLY MORTGAGE \$ _____		Are payments current? <input type="checkbox"/> YES <input type="checkbox"/> NO If not current, amount in arrears \$ _____ Number of payments in arrears _____	
REMARKS		State the amount of termination fee or prepayment penalty payable upon full repayment of the loan. \$ _____	
Signature of Mortgagee Signature _____ Title _____ Date _____		Has this account been satisfactory? <input type="checkbox"/> YES <input type="checkbox"/> NO RETURN TO: <div style="text-align: center;">CITY OF SAN ANTONIO PLANNING AND COMMUNITY DEVELOPMENT DEPT. 1400 SOUTH FLORES #2 SAN ANTONIO, TEXAS 78204</div> ATTENTION: Owner Occupied Housing Rehabilitation Program	